

NEBRASKA DDD WAIVER WORKGROUP: QUALITY IMPROVEMENT
FEBRUARY 17, 2016

Participants: Barbara Colvert; Scott Hartz; Pam Hovis; Rebecca Kempkes; Carla Lasley; Bev Mayfield; Josh Midget; Cheryl Montgomery; Amy Nutter; Troy Paben; Doug Raney; Kierstin Reed; MaryAnn Schiefen; Linda Schneider-Deines; Todd Scholz; Ladonna Shippen; Sue Spitser; Joyful Stoves; Jean Tuller; Larry Wee; Brad Wilson; Suzie Wysocki; Alan Zavodny

Members not in Attendance: Elizabeth Bennett; Leslie Bishop Hartung; Elton Edmond; Mary Lawson; Mark Smith; Tamara Snider; OMNI; Lori Wee; Sarah Wysocki;

Notes Recorder: Kierstin Reed

Next Meeting (date/time): March 2, 2016, 9-11 am, Integrated Life Choices- Normal Blvd. Go To Meeting will be available.

Agenda: Kick off meeting for Quality Improvement work group. Overview of how we got to this stage, what we know and what needs to be accomplished by the group.

Topic	Person Responsible	Discussion	Action Item
Background	Jean	<ul style="list-style-type: none">• Description of the waiver process leading up to this point was provided;• Waivers will be withdrawn from CMS and will be rewritten using the stakeholder engagement process;• This process will include all DD waivers as well as A&D waiver.	Division of Medicaid MLTC staff will conduct outreach to aged/disabled stakeholder groups
Informal Waiver Review Questions	Jean	<ul style="list-style-type: none">• Review of questions/inquiries received from CMS;• Questions need to be considered as part of work group.	<ul style="list-style-type: none">• Need to examine implementation of a complaint process across all Medicaid services;• All performance measures need to have numerator and denominator, measurable.
Investigation process for Abuse and neglect	Bev/Sue/Maryann	<ul style="list-style-type: none">• Discussion of the investigation process with DD and A&D waiver;• The process is different in both areas and extends to other divisions of DHHS.	Seamless, consistent process needs to be identified for abuse/neglect investigations across all service delivery systems.

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Evidence Report	Pam	Pam explained an evidence report and how this can differ from waiver approval process.	
Measuring Quality in Long Term Services and Supports	Jean	<ul style="list-style-type: none"> • Stabilization of the waivers will be completed this year; • Long term services and supports redesign will be conducted in 2017; • Key elements of CQI were discussed. 	Design a continuous quality improvement process to meet both basic assurances and continuous quality improvement.
Micro perspective	Larry	<ul style="list-style-type: none"> • Experience of a mental health situation and the ability to received crisis treatment in a hospital setting; • Need to develop a safe plan for the individual to receive support in the time of need. 	Where is behavioral health in all of this? We need to bring them to the table to discuss involvement in safe plan for individuals.
Assurances/ Sub-assurances/ Performance Measures	Jean	<ul style="list-style-type: none"> • Overview of assurances and sub-assurances that need to be addressed; • Must have numerator and denominator and ability to access data for accurate measurement; • Remediation needed for anything below 86%. 	Pam and Sue are developing the performance measures for the waivers and will share those with the group at a future meeting.
Inconsistencies/ Interpretation of Regulations	Discussion among group	<ul style="list-style-type: none"> • Several inconsistencies within and between the DD and aged/disabled systems; • Local Field Office administrators are being brought back to oversee service coordination; • System administrators are meeting regularly to collaborate and clarify information. 	
Quality Framework Measurement	Jean	<ul style="list-style-type: none"> • Overview of elements of quality framework; • Cross between program design and quality management functions; • Areas to be addressed are: design, discovery, remediation and improvement. 	

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Who to contact?	Discussion	<ul style="list-style-type: none"> • Discussion regarding organizational charts and knowing who to contact for specific information; • Contact information, email and phone; • Access Nebraska difficult to navigate; unable to answer specific questions/concerns. 	<ul style="list-style-type: none"> • Ideal to have organizational hierarchy and contact information organized easily in one place; • Website for DHHS redesigned to unify information; • Complaint system for DHHS
Collection of data	Jean	<ul style="list-style-type: none"> • Variety of ways to collect data: program data, claims data, assessment data, survey and interview data, service and support data; • National Core Indicators being examined for use in Nebraska across all service systems for participant experience survey; • Several national groups that have domains to measure the effectiveness of the service system; • National Quality Forum (NQF) has combined all of these into 11 domains in a single package. • This will be a guide for work to be completed. 	Develop quality indicators list and customize for the work to be completed in Nebraska for core indicators for continuous quality improvement.
Parents paid as care givers	Sue	<ul style="list-style-type: none"> • A&D will pay parents/guardians as providers of services; • DD will not pay parents/guardians for services. 	Inconsistency across the service systems is a concern.
Waiting list	Discussion among group	Waiting list management will be addressed by a different committee but there needs to be specific quality assurance measures attached to it.	
Review of NQF examples of quality indicators	Jean	<ul style="list-style-type: none"> • Review of NQF spreadsheet; • Pick what makes sense for Nebraska; • Examples of Domains are: workforce, choice and control, human and legal rights, etc. • Assure data sources for measurement 	<ul style="list-style-type: none"> • Investigate data sources that are available, validity- Scott • A&D Participant experience survey- what are we going to use, sample, validity?- Sue

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Where are we at?		<ul style="list-style-type: none">• Review draft of QI in both DD and A&D waiver documents;• Assure we can answer the questions from CMS;• What do we need to do to get a draft of our QI plan to CMS?• How do we want to structure the work group?<ul style="list-style-type: none">• Gap analysis- what do we have and what are we missing?• What are the improvements that need to be made?	<ul style="list-style-type: none">• Distribute current draft of A&D waiver and DD waivers QI plans to work group- Kierstin• Compile list of assurances and sub assurances that exist already within DD and A&D QI plans- Jean• Workgroup to review service plan formats• Additional information on A&D QI processes located at: http://dhhs.ne.gov/Pages/HCBS-Processes.aspx• Next focus is review of existing QI plans and gap analysis.

Considerations for 2017:

- Implementation of complaint system across all Medicaid systems.
- Increase options for self-determination and self-directed services.

Refer to Health and Safety workgroup:

- Access to medical/health care- waiting for long periods of time in crisis situations
- Abuse/Neglect and notifications to families and who to report to.